	1	(Caluma 1)		<del>-</del>	10	038,95
٠.	BASIC FEE	NUMBER FILED	(Column 2)	SMALL ENTITY		
	(37, OFR 1.16(a)).	- SWOCK FILED	NUMBER EXTRA		OR (	OTHER THAT
- ·	TOTAL CLAUTE			· RATE FEE		MALL EHTITI
	(37 OFA 1.16(c))	min	1		RAT	E
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =		x s 25 = 5	OR	· EN
		minus 1 =			TT	5
	MOCTIPLE DEPENDENT CLA	IMPRESENT		x s 100_	OR x 5 50	2=1
	MULTIPLE DEPENDENT CLAIMPRESENT (17 CFR 1.16(d))  If the difference in column 1 is less than zero, enter "0" in column 2.			190	OR   x 5 20	01
· 1	There in column 1	is less than zero, enter of		+5.180		1   1
- 1	· CLAIMS	10 44	w columú 5	TOTAL	OR +360	۱ ا <u>۱</u>
- 1		AS AMENDĘD – PA	\RT II		OR TOTAL	
-	(Colur	no 11			TAID	
- 1	TIA CLA	IMS /	olumn 21. (Column 3)			1
- 1	L A 15 07 REMA	INING   HIC	SHEST	SMALL ENTITY	OR OTH	ER THAI
	AMENO	MENT PREV	1001912	RATE :	SMAL	L'ENTITY
, 13	(3) CFR (.16(c)) 25	Minus	O FOR	ADDI. TIONAL	RATE	1
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	E GIOSTI		ž ,		OR X TY	FØ
<b>-</b>	FIRST PRESENTATION OF M	UL TIPLE DEPENDENT ~		x s 100	11300=	
-1		TO CONT	4 (37 CFR 1.16(d))	+ s (80)=	OR $\times 5200$	
A				TOTAL	DR + 310)	-
. 8	(Column	(Ca)		ADD'C FEE	TOTAL	
	REMAININ	IG HIGHE	ma 21 (Column 3)		ADD'L FEE	· 1 ·
	AFTER AMENDME	1 (100%)	ER PRESENT	RATE	-	
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.10(0))	" Minus	=	x s 25 =	l' ma	FEE .
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101	(Column 1)		•	ADO L FEE OR	TOTAL	
10	CLAIMS . REMAINING	(Column	T 1	- OR	ADD.C. EEE	.
\ \\ \.	AFTED	I NUMBER	9 1 :00500	0.11		
<u>ĕ</u>   ,	Total IT OFR 1.14(c)	I PA(I) FO	EXTRA	RATE AODI.	RATE	
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OR X 5 200						
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If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

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